



**OVERLAND HILLS CHURCH  
REGISTRATION & PERMISSION FORM  
2023 – 2024**

Date \_\_\_\_\_

*Annual Dues: \$1.25 per clubber per night of club  
or if paid at the time of registration:  
\$35.00 for 1st child, \$32.50 for 2nd child, \$30.00 for 3rd child, all other children in family are \$25.00*

**CLUBBER INFORMATION**

(Please Print)	Child 1	Child 2	Child 3	Child 4	Child 5
Last Name					
First Name					
Date of Birth					
Boy or Girl					
School Grade					
Completed AWANA Books					
Learning Difficulties					

To be completed by AWANA secretaries during registration

Club/Book					
Uniform Size					

**CONTACT INFORMATION**

	Mother	Father	Family Address	
Last Name			Street	
First Name			City, State	
Cell Phone			Zip	
Work Phone			e-mail	
Home Phone				

Church Currently Attended by your Family \_\_\_\_\_

If registered for AWANA at OHC last year, is all contact information the same? Yes / No

**EMERGENCY CONTACT INFORMATION**

*Please, list TWO alternate contacts available on Wednesdays or emergencies.*

Name		Name	
Phone		Phone	

**PHOTOGRAPHY/VIDEOGRAPHY RELEASE**

I understand that as a participant, my child may be photographed or videotaped during normal meetings or special events. I understand that the videos or photographs may be used in promotional materials for Overland Hills Church and on the Overland Hills Facebook page.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

AWANA meets weekly on Wednesday night. This release is for both Wednesday night meetings and any sanctioned AWANA outing, which leaves the premises of Overland Hills Church.

**MEDICAL EMERGENCY FORM**

**MEDICAL INFORMATION**

(Please Print)	Child 1	Child 2	Child 3	Child 4	Child 5
Last Name					
First Name					
Date of Birth					
Date of Last Tetanus Shot					
List Food Allergies					
List Medical Conditions					
Needed Medication info					

**INSURANCE INFORMATION**

Insurance Co.		Policy No.	
Preferred Local Hospital			
Policy Holder's Name			
Policy Holder's Address			
Policy Holder's City/State/Zip			
Policy Holder's Phone Number			
Physician Name		Physician's Phone	
Physician's Address/City/State			

ADDITIONAL INFORMATION:

**PARENTAL AUTHORITY TO CONSENT TO TREATMENT OF MINOR(S)**

I, \_\_\_\_\_, the undersigned parent or person having legal custody or the legal guardian of the above named minor(s) give permission for the above named minor(s) to participate in the following AWANA program, and do hereby authorize any sponsor appointed or associated with the Overland Hills Church AWANA Program to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the above named minor under general or special supervision and upon the advice of a physician, surgeon or dentist licensed under the laws of the state they practice in. In giving this consent I recognize and understand that in situations where the above named minor requires immediate medical or hospital care it may not be possible to contact me, in such situations I will not be able to knowledgeably evaluate and choose among the available alternative treatments or procedures, if any, or to evaluate the risk attenuate upon each, and the risk attenuate for forgoing all treatment; in such situations, I authorize a physician, surgeon or dentist to exercise his professional judgment and assess the risk incident to and choose the necessary treatment from any available alternatives and to render such care and perform such treatment as he in his professional judgment determines to be necessary for the health and safety of the above named minor. I also agree to reimburse any expenses not covered by the church's insurance. I will not hold the church or any of the workers responsible for any illness or injury to my child.

\_\_\_\_\_  
(Signature of parent or legal guardian)

\_\_\_\_\_  
(Date)